

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          | 6      | 8-31-01 |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected  
 II ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
| 1     | 2        |      |  |
| 3     | 4        |      |  |
| 5     | 6        |      |  |
| 7     | 8        |      |  |
| 9     | 10       |      |  |
| 11    | 12       |      |  |
| 13    | 14       |      |  |
| 15    | 16       |      |  |
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| 19    | 20       |      |  |
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| 45    | 46       |      |  |
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| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
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| 53    | 54       |      |  |
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| 57    | 58       |      |  |
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| 61    | 62       |      |  |
| 63    | 64       |      |  |
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| 67    | 68       |      |  |
| 69    | 70       |      |  |
| 71    | 72       |      |  |
| 73    | 74       |      |  |
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| 81    | 82       |      |  |
| 83    | 84       |      |  |
| 85    | 86       |      |  |
| 87    | 88       |      |  |
| 89    | 90       |      |  |
| 91    | 92       |      |  |
| 93    | 94       |      |  |
| 95    | 96       |      |  |
| 97    | 98       |      |  |
| 99    | 100      |      |  |

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
| 101   | 102      |      |  |
| 103   | 104      |      |  |
| 105   | 106      |      |  |
| 107   | 108      |      |  |
| 109   | 110      |      |  |
| 111   | 112      |      |  |
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| 115   | 116      |      |  |
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| 129   | 130      |      |  |
| 131   | 132      |      |  |
| 133   | 134      |      |  |
| 135   | 136      |      |  |
| 137   | 138      |      |  |
| 139   | 140      |      |  |
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| 143   | 144      |      |  |
| 145   | 146      |      |  |
| 147   | 148      |      |  |
| 149   | 150      |      |  |

If more than 150 claims or 10 actions  
staple additional sheet here

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